

# Form CPF M 102: Campaign Finance Report Municipal Form Office of Campaign and Political Finance

of Massachu	setts	File with: City of Town Charle or Election Commission
Fill in R	eporting Period dates: Beginning Date:	-14-13 Ending Bate JAN 45- 9-13RD
Type of	Report: (Check one)	BOARD OF ELECTION
8th da	y preceding preliminary 8th day preceding election	30 day after election vear-end report dissolution
Mar	Mojica - Mosquea.  Undidate Full Name (if applicable)	CMTE to Elect Maria Mojica - Mosquea
NewB	Office Sought and District	Francine Veilleux Name of Committee Treasurer
38	Liberty St. N.B. Residential Address	83 Durfee St. New Bedford Committee Mailing Address
Telephone N	řumber (optional):	Telephone Number (optional):
	SUMMARY BALANC	E INFORMATION:
	Line 1: Ending Balance from previous report	1603.26*
	Line 2: Total receipts this period (page 3, line 11)	70,00
	Line 3: Subtotal (line 1 plus line 2)	1673.26
	Line 4: Total expenditures this period (page 5, line	e 14) [1673,24e]
	Line 5: Ending Balance (line 3 minus line 4)	~0~
	Line 6: Total in-kind contributions this period (page	ge 6) 10 94, <b>6</b> 9
	Line 7: Total (all) outstanding liabilities (page 7)	$\sim$ $\delta$
	Line 8: Name of bank(s) used: Citizen	s Bank
	Committee Treasurer:	
activity, inclu	I have examined this report including attached schedules and it is, to the best ading all contributions, loans, receipts, expenditures, disbursements, in-kind c ity of all persons acting under the authority or on behalf of this committee in a	of my knowledge and belief, a true and complete statement of all campaign finance contributions and liabilities for this reporting period and represents the campaign accordance with the requirements of M.G.L. c. 55.
Signed unde	or the penalties of perjury:	(Treasurer's signature) Date: /-/2-/4
FOR CAN	NDIDATE FILINGS ONLY: Affidavit of Candidate: (check 1 box	x only)
I certify activity,	ate with Committee and no activity independent of the committee that I have examined this report including attached schedules and it is, to the of all persons acting under the authority or on behalf of this committee in acc any liabilities nor made any expenditures on my behalf during this reporting	best of my knowledge and belief, a true and complete statement of all campaign finance cordance with the requirements of M.G.L. c. 55. I have not received any contributions, period.
I certify finance	ate without Committee OR Candidate with independent activity filing set that I have examined this report including attached schedules and it is, to the activity, including contributions, loans, receipts, expenditures, disoursements in finance activity of all persons acting under the authority or or behalf of the	best of my knowledge and belief, a true and complete statement of all campaign  m-kind contributions and liabilities for this reporting period and represents the
Signed unde	er the penalties of perjury: DMLA TAX	Candidate's signature) Date: 7-13-14

#### SCHEDULE A: RECEIPTS

M.G.L. c. 55 requires that the name and residential address be reported, in alphabetical order, for all receipts over \$50 in a calendar year. Committees must keep detailed accounts and records of all receipts, but need only itemize those receipts over \$50. In addition, the occupation and employer must be reported for all persons who contribute \$200 or more in a calendar year.

(A "Schedule A: Receipts" attachment is available to complete, print and attach to this report, if additional pages are required to report all receipts. Please include your committee name and a page number on each page.)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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		,4,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Manager of the first of the fir			
Line 9: Total Recei	pts over \$50 (or listed above)		
	ipts \$50 and under* (not listed above)	71 20	
		[ MA W	
If you have itemized	RECEIPTS IN THE PERIOD	10,00	← Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

### SCHEDULE A: RECEIPTS (continued)

Date Received	Name and Residential Address (alphabetical listing required)	Amount	Occupation & Employer (for contributions of \$200 or more)
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ine 9: Total Receip	ts over \$50 (or listed above)		
ine 10: Total Receip	ats \$50 and under* (not listed above)		
ine 11. TOTAL DE	CONTROL AND THE THEORY		
ue II; IUIAL KI	ECEIPTS IN THE PERIOD	Q. I in a 10 should in	Enter on page 1, line 2

<sup>\*</sup> If you have itemized receipts of \$50 and under, include them in line 9. Line 10 should include only those receipts not itemized above.

#### SCHEDULE B: EXPENDITURES

M.G.L. c. 55 requires committees to list, in alphabetical order, all expenditures over \$50 in a reporting period. Committees must keep detailed accounts and records of all expenditures, but need only itemize those over \$50. Expenditures \$50 and under may be added together, from committee records, and reported on line 13.

(A "Schedule B: Expenditures" attachment is available to complete, print and attach to this report, if additional pages are required to report all expenditures. Please include your committee name and a nage number on

report all expenditures. Please include your committee name and a page number on each page.)					
Date Paid	To Whom Paid (alphabetical listing)	Address	Purpose of Expenditure	Amount	
11/5/13	Coalition for Social Justice	Williams St. New Bedford	Robo-coll	274,36	
11-9-13	Mozica - Mosquela	38 hiberty St. New Bedford	Pay for liability loan for signs 1/16	960,00	
10/21/13	Pastori, Brian	Chancery St. New Bedford.	Newspaper Add	382.92	
Line 12: Total Expenditures over \$50 (or listed above)					
Line 13: Total Expenditures \$50 and under* (not listed above)					
* If you have itemized expenditures of \$50 and under include them in line 12. Line 13 about it is large as large and the second in the second					

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above. Page 4

#### SCHEDULE B: EXPENDITURES (continued)

3	To Whom Paid				
Date Paid	(alphabetical listing)	Address	Purpose of Expenditure	Amount	
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***************************************					
		Line 12: Expenditures over \$5	0 (or listed above)		
		Line 13: Expenditures \$50 and	under* (not listed above)		
	Enter on page 1 line 4 →	Line 14: TOTAL EXPENDIT	TURES IN THE PERIOD		
Enter on page 1, line 4 → Line 14: TOTAL EXPENDITURES IN THE PERIOD  If you have itemized expenditures of \$50 and under include them in line 12. Line 13 should include only those expenditures not itemized.					

<sup>\*</sup> If you have itemized expenditures of \$50 and under, include them in line 12. Line 13 should include only those expenditures not itemized above.

### SCHEDULE C: "IN-KIND" CONTRIBUTIONS

Please itemize contributors who have made in-kind contributions of more than \$50. In-kind contributions \$50 and under may be added together from the committee's records and included in line 16 on page 1.

Date Received	From Whom Received*	Residential Address	Description of Contribution	Value
	Coalition for Social gustice	56 N. Maint. Fall River, MA.	Phone bank and styring Postage + food	1013.10
11-21-13	CMTE to Elect Marbine Pollack	156 Rejan St. New Bedord	Postage +	83.59
		·		
		Line 15: In-Kind Contributions	over \$50 (or listed above)	1096,69
		Line 16: In-Kind Contributions	\$50 & under (not listed above)	
	Enter on page 1, line 6 →	Line 17: TOTAL IN-KIND C	ONTRIBUTIONS	1096.69

<sup>\*</sup> If an in-kind contribution is received from a person who contributes more than \$50 in a calendar year, you must report the name and address of the contributor; in addition, if the contribution is \$200 or more, you must also report the contributor's occupation and employer.

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#### SCHEDULE D: LIABILITIES

M.G.L. c. 55 requires committees to report ALL liabilities which have been reported previously and are still outstanding, as well as those, liabilities incurred during this reporting period.

Date Incurred	To Whom Due	Address	Purpose	Amount
				<u> </u>
	O			
				-
	Enter on page 1, line 7 →	Line 18: TOTAL OUTSTANI	DING LIABILITIES (ALL)	

### **Coalition for Social Justice**

56 N. Main St., Suite 403, Fall River, MA 02720 Phone: 508-678-5497 ~ Fax: 508-678-0856

November 21, 2013

Treasurer

Committee to Elect Maria Mojica Mosquea

Dear Treasurer:

I am reporting the following in-kind contributions to the Committee to Elect Maria Mojica Mosquea for the period October 21, 2013 – November 5, 2013

Staff time \$887.50 Office/phone bank rental (calls @ 10 cents each) – 1256 calls \$125.60

Total: \$1013.10

Please include this information on in-kind contributions in your upcoming campaign finance report.

Thank you very much.

Sincerely yours,

Debra Fastino, Executive Director Coalition for Social Justice

### Committee to Elect Marlene Pollock

156 Ryan St., New Bedford, MA 02740

November 21, 2013

Treasurer

Committee to Elect Maria Mojica Mosquea

Dear Treasurer:

I am reporting the following in-kind contributions to the Committee to Elect Maria Mojica Mosquea for the period October 1, 2013 – November 5, 2013

Postage

\$69.00

Food

\$14.59

Total: \$83.59

Please include this information on in-kind contributions in your upcoming campaign finance report.

Thank you very much.

Sincerely yours,

Dan Gilbarg
Treasurer
Committee to Elect Marlene Pollock

## Committee to Elect Maria Mojica-Mosquea 38 Liberty Street, New Bedford, MA 02740

January 12, 2014

Maria Tomasia Chairwoman **Board of election Commissioners** 

Dear Ms. Tomasia,

I am reporting two errors just noticed on the previous report of October 26, 2013, as follows:

- 1) Line 5 on Summary Balance Information should have read \$1603.26 instead of \$1603.38, thus showing a \$0.12 error.
- 2) Line 7 on the same report was an actual liability of \$960.00 instead of \$996.09 reported. This was due to a miscommunication between Ms. Mojica-Mosquea and me via phone conversation. Upon seeing the actual invoice, I am now correcting this mistake.

Thank you.

Respectfully submitted,

Francine Veilleux

Treasurer

CMTE to Elect Maria Mojica-Mosquea